



# REASONS OF DISQUALIFICATION FOR LIVING /SPOUSAL RELATED RENAL TRANSPLANT IN HOSPITAL KUALA LUMPUR - A SINGLE CENTRE EXPERIENCE FROM 2015 TO 2020

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## Introduction

Kidney transplantation is the best option of KRT as it provides good quality of life and improves survival. This is limited by the presence of suitable living donors and the availability of deceased donors in Malaysia. The objective of this study was to identify reasons of potential donor or recipient disqualification for living renal transplantation.

## Methods

This is a retrospective study of 200 pairs worked up and were disqualified for kidney transplant from 2015 to 2020. Reasons of disqualification among potential donors and recipients were recorded. This included medical reasons; high cardiovascular risks related co morbidities, urinary system disorders, immunological risks, and psychosocial aspect.

## Results

- The highest disqualification was due to their underlying co morbidities; n=47(11.8%) among donors and n=13(3.3%) recipients, followed by obesity (BMI ≥ 30 kg/m<sup>2</sup>); n=35(8.8%) among donors, n=2(0.5%) recipients.
- IGT was identified in 26(6.5%) donors.
- Functional kidney disorder (significant proteinuria and low GFR) among donors was n=23(5.8%), followed by structural kidney diseases; n=11(2.8%) donors and n=1(0.3%) recipients.
- 3 donors (0.8%) were disqualified due to newly diagnosed DM and underlying malignancy.
- 2 donors (0.5%) had Hepatitis B and C respectively .In view of too young(19 years old ) and elderly age (65 years old) of donor, n=3(0.8%) were disqualified.

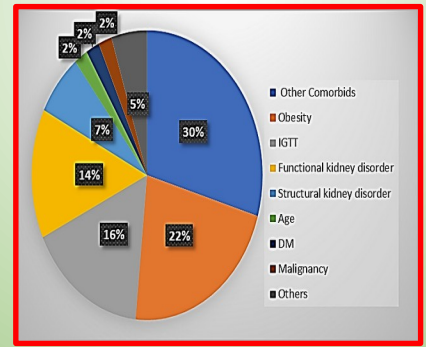


Chart 1 : Reasons of disqualification among donors

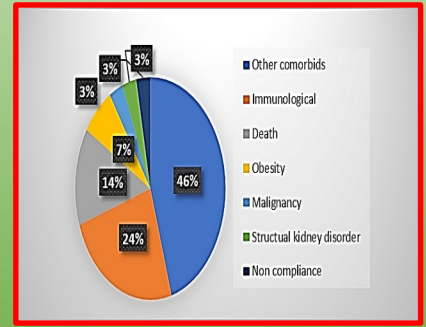


Chart 2 : Reasons of disqualification among recipients

- Among the recipients, n=7(1.8%) had high DSA and positive cross match, one with malignancy and another with structural kidney disease.
- There was only 1 recipient who was disqualified due to non compliance to ongoing KRT.4(1%) of recipients died along the work up period.
- Pairs that defaulted follow up were n=8(2%).

## Conclusion

A majority number of potential donors and recipients were disqualified due to underlying non permitting medical risk factors with high cardiovascular risk factors like IHD, DM, obesity, and smoking. Functional and structural kidney diseases which led to proteinuria and hematuria were also common reasons of disqualification. This overall had led to reduced number of potential candidates for a living or spousal related renal transplantation.